

Staple Issue Slip Here

POSITION	ID NO.	DATE
CLASSIFIER		
EXAMINER		
TYPIST		
VERIFIER		
CORPS CORR.		
SPEC. HAND		
FILE MAINT.		
DRAFTING		

# INDEX OF CLAIMS

Claim	Final	Original	Date
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Claim	Final	Original	Date
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PARTS OF APPLICATION  
FILED SEPARATELY

NOTICE OF ALLOWANCE MAIL

## SYMBOLS

..... Rejected  
..... Allowed  
..... (rough number) Canceled  
..... Restricted  
..... Non-elected  
..... Interference  
ASb Appeal  
..... Objected

ISSUE FEE

Amount Due / Date Paid  
11996 / 2/12/99

Label  
Area

WARNING:

SCAN 5 BW  
QC 1/14  
A.O.